

# Late Independent Expenditure Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

|  |                    |  |   |   |   |
|--|--------------------|--|---|---|---|
| <b>NAME OF FILER</b><br>Cooperative of American Physicians Independent Expenditure Committee |                    |  | <b>Date of This Filing</b> 03/18/2009<br><br><b>Report No.</b> LIE50-90317<br><br><input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below)<br><br><b>No. of Pages</b> 2 | <b>Date Stamp</b><br><br><br><br><br><br><br><br><br><br><b>Page 1 of 2</b> | <b>CALIFORNIA FORM 496</b><br><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b>  |                    | <b>I.D. NUMBER (if applicable)</b><br>970275 |   |   |   |
| <b>STREET ADDRESS</b>  |                    |  |   |   |   |
| <b>CITY</b><br>Los Angeles   | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>90071                     |   |   |   |

## 1. List Only One Candidate or Ballot Measure

|  |                     |               |  |                     |                |               |
|--|---------------------|---------------|--|---------------------|----------------|---------------|
| <b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b><br>Curren Price          |                     |               | <b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b> |                     |                |               |
| <b>OFFICE SOUGHT OR HELD/DISTRICT NO.</b><br>State Senator District 26 | <b>SUPPORT</b><br>X | <b>OPPOSE</b> | <b>BALLOT NO./LETTER</b>                           | <b>JURISDICTION</b> | <b>SUPPORT</b> | <b>OPPOSE</b> |

## 2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

| DATE       | DESCRIPTION OF EXPENDITURE | AMOUNT     |
|------------|----------------------------|------------|
| 03/17/2009 | E-mailing                  | \$1,150.00 |
|            |                            |            |
|            |                            |            |
|            |                            |            |
|            |                            |            |
|            |                            |            |
|            |                            |            |

Reason for Amendment:

# Late Independent Expenditure Report

LATE INDEPENDENT EXPENDITURE REPORT

**CALIFORNIA**  
**FORM 496**

NAME OF FILER

Cooperative of American Physicians Independent Expenditure Committee

I.D. NUMBER (If applicable)  
970275

## 3. Contributions of \$100 or More Received\*

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE**  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED | INTEREST RATES                                    |
|---------------|---|---|---|-----------------|---|
| 3/17/2009     | Cooperative of American Physicians State PAC<br>Los Angeles, CA 90071<br><br>ID: 760951         | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$10,000.00     | If loan,<br>enter interest rate, if any<br>_____% |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 | If loan,<br>enter interest rate, if any<br>_____% |

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

### \*\*Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

FPPC Form 496 (June/01)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC  
 866/275-3772